

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	1					
4	1					
5	1					
6		5				
7		10				
8		10				
9		11				
10		11				
11	1					
12	1					
13	1					
14	1					
15	1					
16		1				
17	1					
18	1					
19		1				
20	1					
21		1				
22		2				
23		2				
24	1					
25		1				
26	1					
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
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46						
47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	26	↔	↔	↔	↔	
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS						